

Appendices

Model Planning Documents

Action for Boston Community
Development, Inc. (ABCD)

Action for Boston Community Development, Inc.
COMMUNITY ACTION PLAN
Fiscal Years 2006 to 2009

Submitted August 1, 2005

1.0 EXECUTIVE SUMMARY

In this Community Action Plan, Action for Boston Community Development, Inc. (ABCD) describes its overall approach to antipoverty initiatives in the next three years. This plan incorporates an outline of ongoing needs assessment, evaluation, and program development activities which will help ensure that the Community Action Plan is a living, vigorous and constantly evolving document.

1.1 Community Needs Assessment

The Community Needs Assessment process in 2005 incorporated a survey of more than 600 agency consumers, compilation of a wide range of statistical data, and a series of focus groups.

- **Community Survey.** As in the past two planning cycles, a standardized-format survey instrument was distributed to agency service consumers through all ABCD community centers, Head Start sites, and central Departments. We continued to experience an excellent return rate of about 34%. In this cycle we were able, for the first time, to begin developing time-series comparisons among the three sets of survey results.
- **Compilation of Statistical Data.** Once again, ABCD Planning staff compiled a wide range of statistical data reflecting the demographic character of Boston, its physical and institutional infrastructure, and the health and social services needs of its residents. These standard data sources also allow for comparison cross more than a decade of rapid social change.
- **Focus Groups.** In this planning process, the first series of focus groups to be conducted were designed to concentrate on the complexly inter-related issues facing low-income men in their efforts to gain education and employment, develop positive family connections, and overcome challenges to physical and mental health. This investigation responded to major research and service delivery issues identified over the past three years. Additional focus group series on other critical issue areas are planned for subsequent months.

Internal Needs Assessment activities included key informant interviews with agency leaders, in addition to a preliminary survey of a cross-section of staff members.

- **Key Informant Interviews.** ABCD Planning Department staff conducted one-to-two-hour structured interviews with agency Vice Presidents, Department Heads and Directors of Neighborhood Service Centers and Area Planning Action Councils. These interviews focused on strategic planning issues of specific concern to each individual business unit,

as well as issues relevant to the entire ABCD system. A total of approximately 25 interviews were conducted.

- **Staff Survey.** A sample of agency staff from managerial and front-line positions participated in an initial survey project which concentrated on experiences, perceptions and suggestions related to inter-agency communication, client service delivery across program boundaries, and needs for training, shared service standards and mechanisms for coordination. These themes were identified over the past three years as being of widespread concern, especially to front-line workers. Additional survey topics were also identified for future investigation.

Materials developed through the community needs assessment process were shared with members of the ABCD community through a continuing series of publications.

1.2 Service Delivery System

For the purpose of the current Community Action Planning process, ABCD staff reviewed a variety of data describing the structure and operations of the agency, with special reference to its effectiveness in meeting the needs of consumers.

ABCD has a unique service delivery structure—based on a network of thirteen local service centers (Area Planning Action Councils, Neighborhood Service Centers, and Delegate Agencies) and twelve centralized Departments. This structure continues to provide a responsive framework for promoting community involvement, and delivering programs tailored to meet specific neighborhood needs—while ensuring that a strong infrastructure is available to promote quality, accountability, and city-wide impact.

ABCD recognizes, however, that this flexible, decentralized organizational model also brings with it many challenges. In this Community Action Plan process, the need for constant support, renewal and growth in all parts of ABCD's network was underlined. In addition, participants in the planning process emphasized the need for continued efforts to promote effective communication, coordination and resource-sharing across the ABCD system.

1.3 National Indicators and NG/OMs

As part of the Community Action Planning process, ABCD Planning staff met with Department Heads, APAC and NSC Directors, and other staff members to review the structure of National Goals and Outcome Measures (NG/OMs) now in use, to provide training in the transition to National Indicators, and to identify issues or potential problems in the use of these measures.

A series of planning group meetings led to the creation of an ongoing program of action linked with appropriate National Indicators and NG/OMs. The planned action steps included both agency-wide initiatives, and efforts related to the challenges and opportunities facing specific business units.

Major Service Initiatives. Based on the review of community needs, a series of agency-wide initiatives were identified as priorities for the period 2006-2009. Among the problem areas

targeted were agency-wide issues in program delivery, internal coordination issues, and range of emerging concerns in specific programs and specific populations groups. In many respects, these agency-wide themes were congruent with the areas of emphasis noted in the last Community Action Plan.

The following agency-wide goals have been suggested:

- *To significantly expand the capacity of ABCD services to reach new immigrants and linguistic minorities with appropriate services;*
- *To develop a wider range of programs meeting low-income men's needs;*
- *To promote effective case management, especially across program and neighborhood boundaries;*
- *To continue strengthening coordination among grants-seeking and fundraising activities;*
- *To provide program staff with more enhanced data tools for budget and program management;*
- *To promote effective business planning for individual service units; and*
- *To provide stronger training options for front-line staff and new managers.*

Specific program area goals include the following.

In the area of Adult Education and Training,

- *To develop a wider range of employer partnerships for training programs; and*
- *To continue development of a coordinated system of adult education services, through strengthening neighborhood-based resources in this area.*

In the area of Housing,

- *To continue the successful record of HUD 202 project development; and*
- *To expand resources for homelessness prevention and for stabilization of homeless families and individuals after re-housing.*

In the area of Income and Self-Sufficiency Issues,

- *To expand access to the Earned Income Tax Credit; and to link EITC services with financial literacy and asset-building; and*

- *To sustain leveraging mechanisms through which benefits such as Fuel Assistance can create increased support for family self-sufficiency.*

In the area of Health Services,

- *To significantly expand efforts to reduce racial and ethnic health disparities;*
- *To continue developing peer support and peer education models of health promotion.*

In the area of Elder Services,

- *To expand employment and community service opportunities for elders;*
- *To promote access to affordable health care and prescription medications.*

In the area of Child Development,

- *To sustain access to high-quality, full-day, full-year child care services for families in underserved communities;*
- *To continue development of career ladders for child care professionals; and*
- *To significantly increase the resources available to family day care providers, in low-income communities.*

In the area of Youth Services,

- *To establish an effective agency-wide coordination structure for services to youth;*
- *To expand youth employment and work experience programs.*

In the area of Secondary and Post-Secondary Education,

- *To establish improved linkages to post-secondary education for low-income working adults and at-risk youth;*
- *To develop expanded alternative education resources for youth who are not successful in conventional public school settings.*

Ongoing Initiatives in Planning, Information-Gathering, and Evaluation

To continue the process of “institutionalizing” strategic planning, the CAP process identified five major areas of activity for the next three years.

- *Establishment of ongoing agency-wide strategic planning, including continued program development through issue area work groups.*
- *Continuous needs assessment activity on the local level, including original research and periodic updating of community profiles.*
- *Streamlining of data collection and information management (including resolution of CSBG client data compatibility issues) to allow for uniform capture of client characteristics, service and outcomes data.*
- *Increased emphasis on the use of customer satisfaction surveys to provide feedback and opportunities for "course correction" in current programs.*
- *Increased use of long-range outcomes measures focused on gains in family self-sufficiency.*

1.4 Linkages

The Community Action Plan process identified major agency linkages by program area and by neighborhood. Additional linkage opportunities, including a select group identified as vital to the agency's continued growth and development, were also identified.

1.5 Funding Strategies

ABCD's current funding picture was described and analyzed as part of the CAP process. Trends in funding, unmet needs, threats and opportunities were identified. Based on this information, and overall plan for resource development was outlined.

1.6 Vision Statement

ABCD's mission has remained fundamentally unchanged in its focus on helping families and communities escape poverty. In this year's planning process, the agency's mission was reaffirmed, as was a vision statement emphasizing empowerment, self-help, and personal responsibility as elements of ABCD's guiding philosophy.

7.0 THREE-YEAR GOALS AND STRATEGIES

The strategic goals identified through this process fall into the general categories of cross-cutting service delivery themes which cut across individual program categories; a range of specific initiatives in each program area; and internal coordination goals. These responses are, in turn, supported by systematic strategies for interagency linkage, new funding development, and evaluation.

7.1 Agency-wide Goals

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Ongoing Initiatives in Planning, Information-Gathering, and Evaluation

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7.2 Strategic Approaches

In each specific program area, ABCD’s staff and other stakeholders have developed broad strategic approaches, and have also identified priority initiatives.

Cross-cutting Service Issues

Expanding the linguistic and cultural accessibility of ABCD services. Building the linguistic and cultural capacity of ABCD’s staff remains the core issue. ABCD will continue its efforts to systematically develop depth in multicultural staff, both in administrative and program departments. In addition, the agency will continue to seek ways to maximize the impact of its many existing bilingual/bicultural personnel. Finally, ABCD will seek to make cultural competency training available to more front-line staff. ABCD will also undertake more focused evaluation of its programs with the goal of identifying less-apparent cultural barriers to utilization, especially for new immigrant and refugee groups.

8.0 EVALUATION AND CSBG MEASURES

ABCD is committed to ensuring that its CSBG services are outcome driven and that a broad range of evaluative information—including program outcomes, client tracking statistics, and customer satisfaction feed back—is captured to support ongoing program development.

Status of CSBG ROMA Measures

Use of NGOMs. Over the period 1996-1999, all ABCD programs adopted CSBG National Goals and Outcome Measures. Beginning in FY97, individual program workplans incorporated NGOMs, and in FY99 all programs were reporting year-end outcomes in the terms required by CSBG.

Incorporation of National Indicators. In 2005 ABCD management and program staff were introduced to the CSBG National Indicators (NIs) through a series of trainings and individual coaching sessions. NIs were fully integrated in the agency's FY2006 Work Plan.

Data Systems. Through the 2002-2005 planning cycle, client characteristics were collected through Reflections, the agency's first system-wide client database. By 2004, these data were fully deduplicated across all of the agency's funder-required databases through the data "washing machine". In 2005, Reflections was superseded by ACTS, a proprietary software product designed to simplify collection of NGOM and NI outcomes, in addition to client demographics and service utilization data.

Process for Selection of Measures. The process for NGOM/NI identification at the level of local programs and service centers includes group and individual training provided by ABCD Planning, and by national technical assistance resources provided through DHCD.

Since the process of outcomes selection is conducted at the grassroots level, Board and Advisory Committee staff at each Neighborhood Service Center and Area Planning Action Council review and approve the NGOM/NI workplan elements. (ABCD's city-wide Board of Directors also participates in the process through ongoing discussion, especially on the part of the Neighborhood Program Planning and Evaluation Committee of the Board.)

In order to facilitate the process of tracking and reporting outcomes, the ABCD Planning Department prepares customized information packages for each central department and APAC or NSC, incorporating detailed instructions and, where indicated, survey or tracking instruments designed to match the selected NGOMs/NIs.

In 2005, the NGOMs /NIs selected by ABCD programs covered a broad spectrum, congruent with the range of programs and services offered in the ABCD network.

Next Steps in Evaluation

As noted above, the long-term evaluative process supported by the CSBG outcome measures is seen by ABCD as one of several pathways for continuous feedback and program improvement; others include customer satisfaction feedback and monitoring of client numbers and service levels.

List of National Indicators to be Used, 2005 – 2008

The following National Indicators will appear throughout CSBG workplans submitted by ABCD and its neighborhood network of APAC's, NSC's, and delegate agencies between 2005 and 2008:

| # | National Indicator |
|-----|--|
| 1.1 | Employment |
| 1.2 | Employment Supports |
| 1.3 | Economic Asset Enhancement and Utilization |
| 2.1 | Community Improvement and Revitalization |
| 2.2 | Community Quality of Life and Assets |
| 3.1 | Civic Investment |
| 3.2 | Community Empowerment through Maximum Feasible Participation |
| 4.1 | Expanding Opportunities through Community-Wide Partnerships |
| 5.1 | Broadening the Resource Base |
| 6.1 | Independent Living |
| 6.2 | Emergency Assistance |
| 6.3 | Child and Family Development |

**ABCD 2005 CSBG Community Action Plan
Men's CORI Focus Group Questions and Guide**

Date: _____ Time: _____ Location _____
Participants from _____ Female No. ____ Male No. ____ Age range _____
Facilitator _____ Recorder _____

Introduction

Thank you for agreeing to participate in today's discussion. I am _____ and this is _____. We are helping Action for Boston Community Development (ABCD) to gather information. In order to receive some governmental funding, every 3 years ABCD must develop a community action plan to reduce poverty. We would like you to help us understand how things are for local people who don't have much money, so that ABCD can put together useful services.

We are especially interested in your opinions — both about services and concerns — relating to CORI, jobs and housing and about what ABCD could do for men that would be of help. The information gathered from this discussion will be used by ABCD to develop and evaluate programs over the next few years, so it is important that everyone contributes their opinions. There are no right or wrong answers, we just want to know what you think. The discussion will take about 90 minutes. At the end you will receive a \$20 gift card to Target as a "thank you" for your time and thoughts.

Nothing you say in this discussion will be presented by us in a way that can identify you. But we want to make sure that we don't miss or misunderstand what you say, so we'd like to tape record the conversation to be sure we get it right. After we write up the summary of these discussions, we will erase the tapes. John will also be taking notes to help us remember what people said.

The ground rules are that you can speak up at any time, as long as you don't interrupt somebody else. We are interested in your opinions. You may find yourself disagreeing with something another person says. You can disagree with anything that is said, but please no criticizing the one who said it. Do you have any questions or reservations? *Perhaps we could go around the room and introduce ourselves.*

Shall we begin talking about what it is like to look for work and live with a CORI record?

**ABCD 2005 CSBG Community Action Plan
Men's CORI Focus Group Questions and Guide**

(Faciliator – you do not have to ask a question if the discussion has already answered it.)

Start Time:

Questions:

1. What personal strengths do you have that help you handle your day-to-day life and your responsibilities?
2. What are your plans for work you would like to do?
 - a. Do you think your CORI will be an obstacle to obtaining those plans?
 - b. What are your plans for work you would like to do for your life as a whole?
3. What kind of jobs do you think are open for you?
 - a. What kinds of jobs have you applied for recently?
 - b. What kinds of jobs have you successfully obtained?
 - c. What kinds of jobs have you been denied?
 - d. Have you done any informal (under the table) jobs? Do they make good enough money for you to support yourself and others you need to?
4. Have other kinds of jobs or services been denied you because of your CORI?
5. Are you responsible for caring for anyone now? (For example: your children or other relatives' children; a partner or parent, etc.)
 - a. Do they live with you?
 - b. Are you able to support them financially?
 - c. Do you have other financial responsibilities, such as Child Support?
 - d. Were your family or financial responsibilities different before you had the CORI record?
6. What type of housing do you live in?
 - a. Have you ever applied for subsidized housing (public housing, section 8, etc.)?
 - i. (To those who did) What happened when you did?
 - b. Are any of your families in public housing or in section 8's?
7. Do you think people treat you differently once they know you have a positive CORI?
8. What ideas or strategies do you have in mind to help yourself overcome the difficulties you might run into because of your CORI? (For example, what resources do you know of to help deal with CORI problems?)

If there is still time left, then ask:

9. If you were going to start a CORI help program for men with CORIs, what would it look like and what would it do?
 - a. What kinds of services/supports would it offer?
 - b. Where would it be?
 - c. How would you let other men know about it?

**ABCD 2005 CSBG Community Action Plan
Men's CORI Focus Group Questions and Guide**

Okay, that's all the questions. *John* is going to summarize the main points, please listen to see if s/he has it right.

Recorder summarizes main points.

Is there anything he got wrong or that you would like to add?

Thank you very much for your time and thoughtful answers. Is there anything that you would like to add?

**ABCD 2005 CSBG Community Action Plan
Women's CORI Focus Group Questions and Guide**

Date: _____ Time: _____ Location _____
Participants from _____ Female No. ____ Male No. ____ Age range _____
Facilitator _____ Recorder _____

Introduction

Thank you for agreeing to participate in today's discussion. I am _____ and this is _____. We are helping Action for Boston Community Development (ABCD) to gather information. In order to receive some governmental funding, every 3 years ABCD must develop a community action plan to reduce poverty. We would like you to help us understand how things are for local people who don't have much money, so that ABCD can put together useful services.

We are especially interested in your opinions — both about services and concerns — relating to CORI, jobs and housing and about what ABCD could do for women that would be of help. The information gathered from this discussion will be used by ABCD to develop and evaluate programs over the next few years, so it is important that everyone contributes their opinions. There are no right or wrong answers, we just want to know what you think. The discussion will take about 90 minutes. ABCD will also be depositing \$20 into the account of each women who takes part in this as a "thank you."

Nothing you say in this discussion will be presented by us in a way that can identify you. But we want to remember what you have said, so Roxanne will be taking notes.

The ground rules are that you can speak up at any time, as long as you don't interrupt somebody else. We are interested in your opinions. You can disagree with anything that is said, but no criticizing the one who said it. You may find yourself disagreeing with something another person says. Do you have any questions or reservations? *Perhaps we could go around the room and introduce ourselves.*

Shall we begin talking about what it is like to live with a CORI record?

**ABCD 2005 CSBG Community Action Plan
Women's CORI Focus Group Questions and Guide**

(Faciliator – you do not have to ask a question if the discussion has already answered it.)

Questions:

1. What personal strengths do you have that help you handle your day-to-day life and your responsibilities – in here and outside?
2. What are your plans for work you would like to do once you get out and for your life as a whole?
 - a. Do you think your CORI will be an obstacle to obtaining those plans?
3. Were you responsible for caring for anyone before you came in? (For example: your children or other relatives' children; a partner or parent, etc.)
 - a. Who is taking care of them right now?
 - b. Do you think you will be able to live with them when you get out?
 - c. Do you think you will be able to support them financially when you get out?
 - d. Do you have other financial responsibilities?
 - e. For those of you who have had CORIs before, were your family or financial responsibilities different before you had the CORI record?
4. What type of housing did you live in before coming to South Bay?
 - a. Do you plan to live there again when you leave? Do you know of any barriers to that?
 - b. Have you ever applied for subsidized housing (public housing, section 8, etc.)?
 - i. (To those who did) What happened when you did?
 - c. Are any of your families in public housing or in section 8's?
5. What kind of jobs do you think will be open to you when you get out?
 - a. What kinds of jobs have you applied for (the last few times you had a chance to do so)?
 - b. What kinds of jobs have you successfully obtained?
 - c. What kinds of jobs have you been denied?
 - d. In the past, did you have any informal (under the table) jobs? Do they make good enough money for you to support yourself and others you need to?
6. For those of you who have had CORIs before, have other kinds of jobs or services have been denied to you because of your CORI?
7. Do you think people treat you differently once they know you have a positive CORI?
8. What ideas or strategies do you have in mind to help overcome the difficulties you might run into because of your CORI? (For example, what resources do you know of to help deal with CORI problems?)

**ABCD 2005 CSBG Community Action Plan
Women's CORI Focus Group Questions and Guide**

If there is still time left, then ask:

9. If you were going to start a CORI help program for women with CORIs, what would it look like and what would it do?
 - a. What kinds of services/supports would it offer?
 - b. Where would it be?
 - c. How would you let other women know about it?

Okay, that's all the questions. *Roxanne* is going to summarize the main points, please listen to see if s/he has it right.

Recorder summarizes main points.

Is there anything s/he got wrong or that you would like to add?

Thank you very much for your time and thoughtful answers. Is there anything that you would like to add?

Women's CORI Focus Group

Suffolk County House of Corrections, South Bay

10:00 am, May 25, 2005

Participants: 12 women in ABCD Health Services' ARISE program, ages 22-47

Facilitator: Deborah Briggs, DOR

Recorder: Roxanne Reddington-Wilde, ABCD

Analysers: Roxanne Reddington-Wilde, ABCD

(Note: The focus group was not electronically recorded, per House of Corrections' regulation.)

The biggest obstacle the women were focused on was their immediate transition from prison to the outside world. Even before entering prison, homelessness was frequent in their lives. While the women have strong family connections and responsibilities, the first thing they were concerned about was obtaining housing, since only some felt they could automatically move in with a family member. Based on prior experience, they were well aware that having a CORI record was a barrier to the public housing many of them would otherwise be eligible for based on income, let alone finding a job. The women had very clear and explicit ideas for services to help them find housing, work and remain substance free. Services should begin during the last weeks of their prison stay and allow them to make direct connections (rather than having to wait for strapped prison staff to do it for them) to case workers and housing providers. The telephone would be a major tool for making those contacts, with appropriate prison-imposed safeguards worked in.

The women stressed the need for transitional services, with an emphasis on establishing housing for women coming out of prison first and then building in job development component. The job skills which the women hold are primarily in service delivery jobs (waitressing, cooking, sales clerk, bank teller, medical assistant) and the jobs they would like to train for likewise are person to person service oriented, such as nursing, running a clothing store, etc. While the women had some strategies to lessen the impact of a CORI (such as starting off by temping), their desire to be a nurse and need to get a business permit from city hall, etc., face immediate obstacles from CORIs. Even those private employers who do not have to screen for CORI records routinely reject otherwise-qualified women with a record. Based on the number of women who had started and/or owned their own businesses (both legal and not), a program emphasizing entrepreneurial skills and business start-up might be worth examining.

Men's CORI

1:00-3:30 pm, June 9, 2005

SNAP, Columbus Ave, Boston

Participants: 6 men with CORI's from SNAP Education & Training program, ages 32-38, 1 undeclared but about this age also

Facilitator: Carlos Mercado, ABCD

Recorder: John Wiener, ABCD

Analysers: Roxanne Reddington-Wilde, ABCD

(Note: True See Allah, the Employment program coordinator at SNAP was also present throughout and occasionally made comments.)

While legislative advocacy and organizing may well be the ultimate solution to dealing with a number of the CORI barriers, the men in the CORI focus group eloquently pointed out the need

for housing and related transitional services to kick in as soon as (if not before) they have come out of prison. The state's existing pre-release program helps some men but not all and it does not provide the breadth of support needed. Nor can the men reliably able to count on family for either permanent housing or temporary income support. All have need for a coordinated but flexible transitional program which helps men with the specific paperwork and skills they lack.

The lack of a Driver's license prevents the men from accessing and/or holding many jobs and has multiple causes. Some men are outright denied a license because of drug convictions (maybe for other convictions too). Others do not know how to drive and/or may not have the cash in hand to pay for the license. Transitional services need to include a housing component or link, although tying the housing directly to the type of service delivered may overly constrict the ability of the men to participate in the program (at least honestly).

Beyond the legal barriers of the current CORI laws lie additional barriers the men face to solid, steady employment. All have had relatively low-level and sporadic education. They and their program coordinator, however, see a positive solution to employment through vocational training and work in the trades, especially construction and related work. However, the men will need to work at a high enough wage/skill level that gaps in work availability do not throw them back into cash shortages and poverty.

Employers need incentives to hire men with CORIs. Legislatively, such incentives could include mandates to hire and/or tax rebates for hire. However, service providers (or the PIC?) could also work more closely with employers they cultivate to teach them how to read a CORI. This might be coupled with program aiding and subsidizing the employers in purchasing the CORI "Fidelity" Bond which insures them against major CORI related expenses they might incur as the result of a hire.

Men's Employment & Training

9:30-11:30 am, June 27, 2005

ABCD Central, Boston

Participants: 5 men from Head Start's Good Guys program, ages 26-63

Facilitator: Carlos Mercado, ABCD

Recorder: John Wiener, ABCD

Analyzer: Roxanne Reddington-Wilde, ABCD

Topic analysis is tentative (based primarily upon several debriefing conversations with Carlos Mercado & John Wiener as the focus group tape was hard to understand and its transcription currently incomplete). For three of the men, English was their second (or additional) language. One man was Chinese and spoke very poor English. A Head Start employee translated for him. He and the other two Asians (who were Cambodian) rarely participated in the discussion. One of these Khmer speaking men is a full-time employee of Head Start. He filled out a survey but apparently was there primarily to translate for the other Cambodian. The two African-American men predominated in conversation.)

The focus group brought together a small group of men who participate in marginal (non-mainstream) employment and/or have dropped out of the formal employment system all together. One is on SSI and another on Workman's Compensation for an injury received after four years(?) of warehouse work at UPS. The Chinese cook is locked into a non-English, long-hour job which effectively prevents him from moving beyond the walls of Chinatown culture.

The youngest, a non-custodial father, is interested in all sorts of careers but does not have a coherent idea how to move forward. Despite being connected to ABCD's comprehensive family services through Head Start, they are representative of some of our 'hardest to serve' low-income clients. As well as being male (when most of ABCD's services are semi-consciously structured to appeal to/work with women), most are not interested in accessing the educational or job-training programming we currently offer.

Due to the isolating factors of language and the successfully supportive internal structures Chinatown has for its non-English speakers, in many ways the cook's employment illustrates a parallel work/daily life system to that of mainstream Massachusetts. This system initially is a boon for new immigrants but also is a jail out of which they cannot escape into the broader socio-economic life of the state with its greater opportunities for economic and personal "advancement."

When the men were asked directly by the facilitator how they had found their past jobs, two responded that friends had told them of potential openings. None had heard of them through advertisements or any formal job listing such as a One-Stop. Presumably the cook in Chinatown also heard of his current job through word of mouth. These men move in a predominantly "unofficial" world not tied into the mainstream of Massachusetts formal business practice, although one man is eyeing a Commercial Driver's License training(?) he has heard about at a One Stop Career Center. If ABCD designs any services specifically for men working in marginal employment such as manual labor, program advertising will need to reach solidly into this "informal" employment world where recruiting is done word of mouth and from friends one trusts. The knowledge the men hold about what constitutes appropriate work skills and behaviors is likely different in many ways from mainstream employment (see Philippe Bourgeois' "The Crack Economy" for examples from New York City). The program will have to have familiarity with this world and its employment practices and help the men understand and negotiate the more formal world of higher paid and skilled jobs.

These men are strongly involved in their family's lives, however. They attended a Good Guys meeting despite it being after the end of the regular Head Start year. Head Start and the Good Guys program therefore represent an access point, through which ABCD can reach out to the men and offer attractively designed services. Currently, Good Guys' main goal is to promote fathers' involvement with their children through the fathers' involvement in event planning and attendance. Potentially, Good Guys could seek funding to expand into information and referral for the men to educational, ESL and job-training programming, both at ABCD's LearningWorks, individual APAC/NSC programming and non-ABCD programs which meet the men's implicit needs. Before doing I & R, however, a Good Guys' service should be developed (through a curriculum?) in which the men can consciously explore the concept of career development and realms of employment which would help them support and stabilize their family's circumstances.

ABCD should also consider programs which help men (and potentially women also) obtain their regular Driver's License, as well as looking into helping people then obtain more trade specific licenses such as a Commercial Driver's License.

CORI is an issue for some Head Start fathers, just as we have seen it appear in all the other focus groups (either deliberately focused on CORI or not). Housing, especially rent increases, is of concern to most.

Head Start also offers ABCD as a whole excellent access to the immigrant communities of Boston, with their need for ESL and Citizenship classes/services. Overall, the immigrant families seem to trust Head Start. As well as developing these services more, ABCD should market them and existing services more heavily through Head Start. Fuel Assistance and on-line Food Stamp applications similarly should be marketed.

Men's Health Focus Group

5:00-6:30 pm, June 28, 2005

Location: Mission Works, Mission Hill

Participants: 6 men from ABCD's Let's Maintain program at MissionWorks, ages 18-24

Facilitator: Carlos Mercado, ABCD

Recorder: John Wiener, ABCD

Analyzer: Roxanne Reddington-Wilde, ABCD

These six Latino and/or Black young men are in an ABCD job training program, Let's Maintain. The group of young men were evenly divided between those for whom Spanish was a first language, and those for whom English was the first language. They come from all over the city, including East Boston, Charlestown, Roxbury (2) and Dorchester. The program has shifting meeting places.

The men are eager participants in commercial culture and marketing, from fast food places such as MacDonalds and Wendy's (they both showed and assumed each other had a working knowledge of Wendy's menu) to "gym's" as places for exercise. In setting up the focus group, the men requested the stipend be gift cards from the sports clothing store "Foot Locker" rather than the apparently unenticing (unhip?) Target (they uniformly stated they were not interested in participating in the focus group if the stipend was from Target).

The men are also connected to mainstream health messages: they "know" that fatty foods, no vegetables and lack of exercise are "bad" for them. However, the ubiquitous presence of fast food restaurants, coupled with a (perceived?) lack of time to cook and a message from relatives that consuming rich, fried foods is a way to demonstrate/receive affection result in little, long-term/permanent diet or exercise behavioral change. Poor nutrition stands out as an important health theme, contributing to diabetes, high blood pressure and other diseases which the young men and their families experience far too frequently. Any services developed to address this must not be limited to nutrition counseling alone but include effective life-style changes, including helping the men and their families find the time, money and desire to cook tasty but nutritious meals at home.

Due to an inability to secure jobs (with or without accompanying health insurance), the young men rarely seek out formal health care unless faced with an emergency health situation. Standard, preventative health care, such as yearly physicals, are right out. Even when forced by emergency or external (employer mandate) pressures to go to a health care facility, the men will frequently not follow through with reviewing the results or following a treatment plan. Some evidence suggests that older males model a pattern of health care avoidance which these men will emulate. They use Boston Medical Center for its free care pool, as well as more local community health centers.

Stress and related mental health issues such as depression and anger are daily realities for the men which they struggle to manage by a myriad of informal (i.e. not tied to the official health care system), personal techniques such as walking, playing basketball, listening to music, etc. While the men did not allude to any substance abuse issues amongst themselves (although one described his father as an alcoholic) and only one stated that alcohol/drugs were a "medium" problem, smoking was acknowledged as a form of self-medication to relieve stress.

Most of the above statements are negatives and indeed the men described many challenges in their lives and offered few specific solutions. However, they also described methods by which they try to control their own health – to relieve stress, eat right, obtain health coverage, be positive role models for their children.... A subtext to their conversation is the importance of close friends and family, linked to a preference for team sports and a willingness to understand and support each other in their mental health struggles. This suggests that ABCD might offer young men's health services, including critical mental health, through a peer-based, group model. Many programs have used sports as a draw and ABCD should likewise consider this.

Common Themes across two or more topic areas:

Living with a CORI Record:

Participants from all four Focus Groups had positive CORI records, as individuals in Massachusetts are known whose names are linked to a Criminal Offender Record Information file. Many employers, public housing administrators and others in the Commonwealth have a right to peruse these records when considering hiring or housing an applicant. Two of the focus groups, a men's and a women's, were deliberately designed to focus on those with CORI records and find out the service delivery needs specific to them. However, several of the men in both the Men's Health and the Men's Employment & Training groups also spoke of their CORI records and the challenges they faced gaining employment with one.

Having a positive CORI imposes two key barriers on these individuals. It prevents them from obtaining a spot in public housing, normally a key resource for low-income people, and it prevents them from obtaining jobs in many otherwise accessible employment sectors (such as those working with children, the disabled or the elderly). Many employers, even those not legally required to check job applicants for positive CORIs, resort to them as a method of screening applicants.

While ABCD as a whole does not systematically ask its clients, either as a part of intake or within individual programs, if they have "dirty" CORIs (as a positive one is known), many of our low-income male clients (especially those who are young??) may well have this additional barrier to achieving an economically stable life. Out of 621 ABCD non-focus group clients, 15% of male clients stated dealing with a CORI record to be a medium or serious problem as compared to 8% of female clients. While not a systematic survey, the large sample size suggests that CORI is a barrier for many of the men ABCD works with and a number of the women or their families. ABCD might want to prepare a CORI protocol for all programs to use when they encounter a client with a CORI. Currently, LearningWorks staff rely on their extensive familiarity with aiding prior CORI clients to resolve any issues new clients might have. Housing has standardized procedures so that it automatically runs a CORI check for its new clients, reviews that record with them and discusses what needs to be done to make a successful appeal to public housing denial. SummerWorks also runs CORI checks on all its teenagers.

Prison Transition Services:

In general, having a positive CORI is associated with having been in prison. Both the men's and the women's CORI groups emphasized the need for transition services to help them successfully re-integrate, as ex-offenders, into society after they leave prison. These services must start (as ABCD Health Service's ARISE program does) while the people are in prison, not as they walk out the door into uncertainty and obscurity. Some 20,000 individuals are released from Massachusetts prisons yearly (The Boston Foundation's CORI powerpoint), all with an automatic CORI record.

The Women's CORI focus group in particular had excellent suggestions for transition services. In their own words, "Women with three months or less [to go on their sentence] should have a phone line with direct connections to halfway houses so we can do our own [housing search from the inside rather than rely on the limited number of prison staff to do so]." "Have a number behind it: 1-800-123-CORI. Once you [have some questions or other need, you can call it.] Kinda like a hotline." "Post the information [the phone number] outside probation offices also. [It also should be] with a rule you must maintain sobriety." "It could be part of your probation – you must call 1-800-CORI." In an important addition, another women suggested "and have it in here [prison] too."

When asked what should a CORI Help Program look like, the women enthusiastically responded. Location was less important than phone and round the clock accessibility (echoing the Men's CORI group thoughts too). There would be "institutions citywide to give women case workers.... We would help with job search, have a supportive person to reach [out to]." It would be "somewhere in the Boston area" and would provide "job planning and training – [hooking women up with] companies willing to give us a shot." The program would also help people research, read, correct and/or seal their CORI record.

In the Men's focus group, they added "There need to be training programs before [you] get out of prison. When you get out, you're going to do what you do best." The men want those programs to include "a whole set-up kit so guys coming out can get their feet on the ground."

Not only are ex-offenders open about their desire for services, but they are quite literally a captive audience when it comes to recruiting for education, housing and/or job training programs. Once they transition out, however, people return to the world of the marginally employed where they face many distractions and recruitment depends heavily on unreliable word of mouth.

Housing:

Housing costs and quality remain a top concern of ABCD's clients, both within and outside the focus groups. 58% of the 744 clients surveyed (including focus groups) felt that rent increases were a medium or serious problem for them. 53% felt the same about paying rent or mortgage; 44% worried thus about losing their apartment and 49% about finding decent, safe housing. 49% either live in public housing or receive Section 8 certificates.

For individuals with CORI records, finding housing becomes an additional burden as access to public housing – a key city resource for the poor – is denied them up front through an automatic CORI check. Presumably, it can also prevent people re-uniting with their families when they come out of prison too, although none specifically addressed this. Half of the women in their

focus group directly stated that they have been denied housing because of their CORI records. Over half were experiencing some kind of homelessness before entering prison. A picture emerges of chancy, unstable housing for this population in general. Housing options upon leaving prison become even more uncertain.

While public housing technically has an appeals process through which people with a CORI record can attempt to prove that they are not a threat and do merit housing, the process is extensive and the Men's CORI group said few are able to go through all its steps. And, "that's just to get on the list. If you're on the list, we go on the bottom. We're male, single, and with a conviction. We are always last, last, last. We could be number 2, but if a thousand ladies come, we're back to the bottom. Major problem." This group saw transitional housing for those leaving prison, with flexible services (rather than specialization to fit only a narrowly defined population such as substance abusers only) as a key solution. ABCD Housing Services might offer a model of how to help these men obtain housing.

Jobs:

When asked, "What jobs can you get with a CORI?", the Women's CORI focus group in a chorus replied, "McDonalds, Burger King... Dunkin Donuts." Even then, some were turned down by these types of businesses, despite having worked at the place prior to conviction. Employers discriminate against hiring people with a CORI record, both for legal reasons and because it is simpler not to take the risk of hiring someone even if it is legal. What is left are very low-pay, unskilled jobs, under the table jobs or, for the men, jobs in construction/manual labor.

The men confirmed what advocates frequently say, that employers do not know how to read a CORI record correctly. Even the head of the state's CORI Board agrees, noting that their website provides some guidance for employers inclined to seek it out (at The Boston Foundation symposium, 5/18/2005). The focus group suggested employers train a staff member to read the records. Potentially, service providers working with employers might offer such training to them.

"The research finding that is most discouraging here is that people who have been imprisoned have a 10 percent to 30 percent diminution of earnings over their lifetimes.... The national challenge is, to me, very similar to the challenge that we faced on welfare reform. Here we have, as we did with welfare, a large population of people who are outside of the labor market, whose skills are not being used for their families or, in a macro sense, for the national economy, where the government and the private sector should work together to provide the transitional supports to bring this segment of our population back into the labor market." (Jeremy Travis in "Conversation", *CommonWealth Magazine*, Winter 2005).

Construction and related vocations such as electrical work, plumbing, etc. offer low-income, low-education men with or without CORI records chances for a career and decent pay if they obtain appropriate advanced training to take them beyond mere manual labor. They are already familiar with the trade's basic work, mostly as manual laborers. An ABCD employment specialist has noted that there should be mandatory vocational training for men coming out of prison. It would make them marketable and qualified. While such skills could also offer women well paid careers, the Women's CORI focus group revealed no past experience in or desire to enter building trades. Almost all the jobs the women spoke of were some form of service work. Most were low-pay and require relatively little schooling. Many women had started up and/or

run their own businesses, suggesting entrepreneurial training might be a useful programmatic element of future job development service delivery at ABCD.

Driver's Licenses: An unexpected theme arose from all three of the men's focus groups: the importance of driver's licenses to employment (especially those who have CORIs) and the inability of many men to obtain them. Relatively decent paying jobs are open to CORI holders in trucking and other driving-based jobs. The Men's CORI participants' program coordinator also commented on the barrier that lack of a license plays in basic transportation, "Do you know how many guys I have that drive illegally just to get around? You may violate everything that you have going on...it's commonplace, unfortunately. It's like rolling the dice. And if you get pulled over, it sets you back in the process." Any more serious than a \$50 motor vehicle conviction will result in one's CORI record staying open for another ten years.

Family:

The importance of families varied with the different focus groups. Perhaps not surprisingly, given societal expectations, the women spoke most about their families (parents, siblings, children and partners) and emphasized both the giving and receiving of shelter and support from family members. While over half of the Men's CORI group appear to have children (from survey details), in focus group discussion they primarily spoke of their world from a single-person's perspective. The younger men from the Men's Health group spoke feelingly about their family, primarily parents and other relatives of that generation but also about their desire to be good role models for their children. The men from the Good Guy's program, recruited for the Education & Training session, were more involved in their family's lives judging from their survey comments (the issue did not come up directly in the discussion). Good Guy's goal is to help men integrate themselves into the lives of their children.

Is there some significance to the "single viewpoint" stance the Men's CORI group took? Does coming out of prison into a world which denies one easy access to housing and jobs also separate one from family? One man lives with his 'wife and kids' and was helped get back on his feet after prison by his family, while another who just came out (and who pays child support) doesn't want to turn to his parents. When the group as a whole were asked if they were responsible for caring for anyone, none responded positively or answered the question directly.

Mental Health:

Both the women and the young men in the health group spoke frankly about their mental health, perhaps the most surprising results of the focus groups. The women in the Women's CORI focus group alluded to drugs and alcohol as methods to relieve depression and stress, and their fears of relapse when met with set-backs in the jobs and housing search. One man vividly described how he burst into tears one day for no apparent reason, stating he knew it actually was from the overwhelming stress of his life. Another described how he tries to cry, because it can make him feel better, but too often he can't. All the men agreed stress or related depression impacted their lives and described techniques, such as long walks, sports, music or smoking, to temporarily relieve some of it. While the Men's CORI did not speak directly of stress, half their surveys recorded "life is too stressful" as a medium problem and another said it was serious.

ABCD must develop a more comprehensive mental health component to its programs. Without effective methods of managing stress/depression, clients will not be able to capitalize upon the education, job or housing services we do offer. The openness of both men and women to discussing mental health amongst their peers suggests that peer support groups might be a venue

to deliver mental health services to them. Additionally, sports or music-related programming might offer young men a chance to reduce their stress while also exploring ways to more permanently alleviate it.

Should ABCD's Services to Men differ from what it offers women/families?

Unlike prior needs assessments which ABCD has conducted, this year the Planning Department decided to focus primarily upon an underserved portion of our client base, men. While low-income men make up ___ % of Boston's population, ABCD only serves ___ %. Most of those men are clustered in ___ services. The bulk of ABCD's programs either deliberately (as in Health Services' ARISE) or by dint of design attract primarily women, such as Child Care Choices of Boston or Head Start. Few ABCD programs focus upon them, but those that do have helped inform this needs assessment, such as Head Start's Good Guys, LearningWorks' Let's Maintain for young men or SNAP's employment for ex-offenders.

Men's basic needs in Boston do not differ from those of women: they want stable housing, a steady job which pays well and to live a healthy, unstressed life with their families. When men lack these stabilizing factors in their lives due to low-income, low-education, lack of English and/or CORI records, they want to change their lives as much as women do. However, men respond to services and offers to help differently than women. The standard social service models and methods of attracting clients to its programs are geared to women rather than men. Perhaps because of a history of TAFDC, WIC, family planning/maternity healthcare and other family supports which are directed through mothers, women feel encouraged to turn to formal social services when the going gets extra tough for themselves. Despite speaking feelingly of their families, the men in the focus groups more often portrayed themselves as acting independent of family ties. Their connections to jobs came through informal means – word of mouth via friends – rather than job listings.

Our society praises men as able to take care of themselves, to be independent and the provider rather than the receiver. It can be hard for a man to swallow his pride and "admit" that he needs help. Complaining of the restrictions a transitional housing program puts on him, one man said "What am I to do? I'm an independent person. I'm not used to this." Even when men do go looking for services, out of desperation such as trying to locate a place to live coming out of prison, those services can be tailored to women. "I called a few places, but they said they are only for women. So there are services out there, but only for women" was the focus group participant's conclusion.

The success SNAP has had in attracting and working with ex-offenders can offer a model to the rest of ABCD. Their employment coordinator is able to operate in both the world of ex-offenders and that of business/administration. In discussing what they want for services, one ex-offender said "It will have to have good people, like my boy True See. He's putting me up, saying here do this, do this, do this...he's been through this before. It means it's real. He lets you know it's real. You can't have somebody in there from MIT who's brother was locked up. That's not the same as you being in there. It's different...you have to go through it." SNAP's coordinator has gained the trust of both worlds – the ex-offenders because he too has been there and officialdom because he can speak their language. He and capable men like him offer a bridge between the worlds. Other men want to be able to move in both worlds too. If ABCD is to offer programs which attract men and successfully meet their needs, the agency needs to recognize whom and what low-income men in Boston need.

Model Planning Documents

Action, Inc.

Action, Inc.

Vision Statement

As long as poverty exists on Cape Ann and Ipswich, Action will provide local solutions for individuals and families to enable them to become economically independent and self-sufficient. In 2006-2008 Action, Inc. will continue to develop programs that eliminate barriers to economic security, and provide emergency services and support to vulnerable populations. We will work towards creative, innovative solutions to the causes of poverty, refine the delivery of services and improve the self-sustainability of the agency.

By 2008 Action, Inc. aims to:

- Expand employment, training and education opportunities to those most in need by improving Action's capacity to plan, implement and participate in community and workforce development strategies.
- Develop and deliver comprehensive services to families, senior citizens, youth and low income residents that both meet the needs of emergency situations as well as take a holistic approach to family needs through supportive services.
- Continue to prevent homelessness through advocacy. Help maintain existing affordable housing through weatherization, conservation, rehab, emergency services and support for vulnerable populations living independently. Action will maintain 35 affordable rental units and will pursue funding to preserve additional affordable rentals.
- Influence public policy through active participation in policy groups and improved communications
- Continue to cultivate funding sources through linkages with the business sector, private foundations and local and regional government. Build corporate and greater non-federal support to improve the sustainability of the agency.
- Maximize the use of volunteers in meaningful efforts to assist the low income community and to assist in the delivery of Action services.

Action, Inc. Priorities for 2006-2008

| PRIORITIES | SUPPORTING DATA | CURRENT ACTIVITY | PROPOSED ACTIVITY | MEASUREMENT |
|---|---|--|---|---|
| 1. Economic Security (Creating Opportunity and Removing barriers to economic security) | <ul style="list-style-type: none"> Survey results: top household and community issues were all economic income/housing cost disparity: 42% of Gloucester low-income (HUD) 68% of households surveyed have too much debt 76% increase in Hispanic population | <ul style="list-style-type: none"> Advocacy & Legal Aid Employment, Training & Education COMPASS Youth Program LASER QUEST | <ul style="list-style-type: none"> Expand training options Money management/savings program Expand ABE /GED Renew ESOL Secure DOE funding for COMPASS at COMPASS Secure REACH (LASER renewal) Renewable energy technologies for low-income households | <ul style="list-style-type: none"> Number of clients removing barriers to employment Number of job placements, hourly wage, maintain employment Increase literacy levels Youth graduation, post-secondary and job placements Reduced at-risk behaviors Amount of debt reduction |
| 2. Emergency Services | <ul style="list-style-type: none"> Increase in family poverty 47% of people surveyed could not cover all their basic household costs Top household problems: not enough money for utility, food, and housing (survey) | <ul style="list-style-type: none"> Energy Affordability Homelessness prevention (e.g.FEMA) Homeless shelter Information & Referral | <ul style="list-style-type: none"> Social work internship program Speaker's bureau to raise community awareness of emergency and poverty issues Emergency assistance fund CFNP grant to help lower cost of food Upgrade municipal electric efficiency prog. Improve referral process | <ul style="list-style-type: none"> Fewer utility shut offs, increased energy savings Number of homeless moving into housing Increased community awareness of and fiscal commitment to solving poverty |
| 3. Housing | <ul style="list-style-type: none"> 69% of people surveyed had trouble paying their rent/mortgage top problem according to key informants excessive housing burden and unaffordability in north shore | <ul style="list-style-type: none"> Weatherization/WRAP MassHousing rehab loans Tenant Based Rental Assistance Homelessness Prevention QUEST Employment supports to help individuals maintain job | <ul style="list-style-type: none"> Purchase site for QUEST build affordable rentals over shelter expand TBRA explore solutions with Rockport Preservation Committee compete for more vouchers through HUD SUPERNOWA look for opportunity for housing for vulnerable populations | <ul style="list-style-type: none"> Number of units that reduce energy & rehab burden Increase number of affordable rental housing units Prevent homelessness Number of homeless who achieve housing |
| 4. Support for vulnerable populations | <ul style="list-style-type: none"> High percentage of elderly living in poverty Cape Ann population is aging At least 8.3% of disabled population lives in poverty Gloucester HIV/AIDS rate | <ul style="list-style-type: none"> Homecare for elderly and disabled QUEST Advocacy & supportive services for disabled | <ul style="list-style-type: none"> Expand Homecare private client base; improve market competitiveness of program Secure QUEST/HOPWA renewal Funding for improved supportive services at shelter | <ul style="list-style-type: none"> Raise wages for homecare workers Increase number of affordable housing units Number of QUEST clients Number of disabled individuals whose emergency needs are ameliorated |
| 5. Agency Capacity | <ul style="list-style-type: none"> Federal, state funding cuts Greater demand for accountability Staff capacity | <ul style="list-style-type: none"> \$14 million agency, less than 4% overhead, multifaceted programs Better results reporting and annual progress report | <ul style="list-style-type: none"> More frequent newsletter to inform on issues/services Communications & volunteers to support private fundraising Staff training on changing benefits advocacy, tracking results of supportive services Complete basement build-out Board more involved in fundraising | <p><u>THE BOTTOM LINE:</u></p> <ul style="list-style-type: none"> Increased public and private support |

Model Planning Documents

Community Action of Franklin,
Hampshire, and North Quabbin
Regions, Inc.

Hampshire County Community Profile and Needs Assessment

Prepared for the
Massachusetts Department of Housing and Community Development

May 2007

A. *Community Action Service Area*

In October 2005 *Community Action* became the federally-designated Community Action Agency for the twenty cities and towns in Hampshire County, Massachusetts, in addition to the 26 towns in Franklin County. At this time in Hampshire County, *Community Action* provides center-based and family child care; Head Start; the Women, Infants, and Children (WIC) supplemental food and nutrition program; child care subsidies; child care provider training; court-based and family mediation; crisis response services; youth development programs; fuel assistance; and home energy conservation. We also have a full-time staff person in Hampshire County, the Community Projects Coordinator, whose role is to represent *Community Action* at community meetings, identify unmet needs, and initiate new efforts to meet those needs. We also financially support the important work of other agencies: the Quaboag Hills Community Coalition, the Council of Social Agencies, Casa Latina information and referral services, and the Center for New Americans ESOL (English for Speakers of Other Languages) and employment services.

For the purposes of this needs assessment, we have grouped the towns and cities in Hampshire County into three distinct regions: the rural western Hilltowns; the central region along the Connecticut River and the interstate highway; and the eastern town of Ware. The households in these regions have different levels of access to services and different service needs.

The Hilltowns. The nine rural Hilltowns of Chesterfield, Cummington, Goshen, Huntington, Middlefield, Plainfield, Westhampton, Williamsburg, and Worthington cover 228 square miles and have an average population density of 52 people per square mile, about 43% of the land area of the entire county but only 7.7% of the total population.¹ Families in the Hilltowns have some of the highest and some of the lowest median incomes in Hampshire County, from \$66,625 in Westhampton to \$46,042 in Plainfield.² The poverty rate varies from 3.47% in Worthington to 8.62% in Middlefield, but the actual numbers of people in poverty are small, totaling well under a thousand for all of the Hilltowns combined. They are spread out, often invisible but still in need of services.

The Hilltowns attract artists, small business people, and telecommuters. The region's resources include the Hilltown Community Development Corporation, the Hilltown Community Health Centers, and two family centers, one in Cummington and one in Huntington. There is no public transportation in the Hilltowns, except for a route to Williamsburg from Northampton. Lack of transportation is a significant barrier to obtaining services, most of which are located to the east in the central region of the county or in Pittsfield, to the west. Other major community issues in the Hilltowns include a

projected increase in elderly residents (see Sections B and K); concerns about housing affordability; and inconsistent availability of high speed internet access, which is a barrier to economic and small business development.

Hampshire County's central region and the Five College Area. The central part of Hampshire County has two main population centers, the City of Northampton, with 28,715 residents, and the Town of Amherst, with 34,047 residents, including a portion of the 25,000 students at the University of Massachusetts. The other seven towns in the central region (Belchertown, Pelham, Southampton, Hadley, Hatfield, South Hadley, and Granby) and one other city (Easthampton) range in size from 1,400 to 17,000. Amherst, Northampton, and South Hadley are home to 5 colleges, which have a profound impact on the population, income, housing, and cultural characteristics of this central part of the county. The University of Massachusetts (UMASS)-Amherst, Mount Holyoke College, Hampshire College, Amherst College, and Smith College have a combined enrollment of about 33,000 students,³ and many of these students make their permanent home near the colleges.

In a county that is predominantly white (92%), the colleges and associated businesses attract a relatively large number of people of color. Twenty to thirty percent of students at the Five Colleges are non-white.⁴ Immigrants and refugees are attracted by the relatively low cost of housing compared with Boston, and by the service jobs in college-related businesses. Amherst is the most diverse town in the county, with a white population of only 80%, an Asian population of 9%, and a Latino population of 6%. Higher poverty rates for non-white residents can be partially attributed to the large number of low-paying service jobs in college physical plant facilities, restaurants, hotels, and shops that are filled by immigrants and refugees, particularly the more recent immigrants from China, Vietnam, Cambodia, Guatemala, Mexico, Ecuador, Tibet, India, Pakistan, and Cape Verde.⁵

Ware. Located in the eastern part of Hampshire County, Ware is a former mill town that has a demographic profile unique in Hampshire County. It is home to over 10,000 people and has a population density of 291 people per square mile. The median family income of \$45,500 is the lowest in the county. At 10%, the poverty rate for families is second only to Amherst. The town has a public transportation system that makes 7 daily circuits within the small village center.⁶

Residents have worked hard to develop their own social service network through organizations like the Mary Lane Hospital, Valley Human Services, and the Quaboag Hills Community Coalition, as well as to attract community organizations based outside of Ware. For instance, the adult basic education program run by The Literacy Project, the WIC program run by Herrington Hospital, and our own Head Start and fuel assistance programs all have offices in Ware. Still, the town is isolated and underserved.

VII. LINKAGES

FCAC places a high value on working within strong community-wide partnerships and on fostering true collaboration, as well as on “engaging many voices in promoting human rights and economic justice.”

We cannot do this work alone. Being rural and small in size fosters interdependence. However, we are not one homogeneous community. The residents of the western part of Franklin County, for instance, have very different needs and a very different identity from the North Quabbin region. Not all of our services are available to the Worcester County towns in North Quabbin. This creates some unfortunate fragmentation.

Through our collaborations with numerous local service providers, governance organizations, and health and education institutions, FCAC works to identify and fill gaps in services. In addition to collaborating with local service providers (please refer to sidebar), FCAC staff are part of many advocacy and membership groups, including:

Local and Regional Groups

- Central Massachusetts WIC Community Coordinators
- Coalition for the Homeless
- Communities That Care
 - ◆ Community Action Plan workgroup
 - ◆ Coordinating Council
 - ◆ Social Norms Workgroup
 - ◆ Youth Development Workgroup
- Community Crisis Support Services
- Community Health Center of Franklin County Board of Directors
- Community Partnerships for Children in all Franklin and North Quabbin towns
- Corridor 91 Early Childhood Network
- Council of Social Agencies (Hampshire County)
- Department of Social Services Continuous Quality Improvement Committee
- Food Pantry Task Force
- Franklin County 0 – 5 Advisory Board (sometimes meeting jointly with comparable Hampshire County group)
- Franklin County Chamber of Commerce
- Franklin County Collaboration for Children
- Franklin County Community Development Corporation Board of Directors
- Franklin County Resource Network
 - ◆ Advocacy Group
 - ◆ Hunger Task Force
- Franklin Medical Center Childbirth Education Committee

- Franklin Regional Council of Governments Comprehensive Economic Development Strategy Committee
- Franklin/Hampshire Domestic Violence Task Force
- Franklin/Hampshire Regional Employment Board
 - ◆ Youth Council
- Greenfield Community College Early Childhood Advisory Board
- Greenfield Family Literacy Collaborative
- Greenfield Youth Commission
- HAP/United Way Rental Assistance Committee
- Human Service Forum
- Interfaith Council of Franklin County
- Mayor's Task Force on Domestic Violence (Greenfield)
- Mayor's Task Force on Youth (Greenfield)
- Nine Town Community Partnership
- North Quabbin Community Coalition
 - ◆ Comprehensive Assault Reduction Effort (CARE)
 - ◆ Dental Task Force
 - ◆ Family Literacy/Adult Education Task Force
 - ◆ Housing Task Force
 - ◆ Youth Policy Board
- North Quabbin Family Literacy Partnership
- Northern Tier Health Access Consortium
- Office of Child Care Services Regional Advisory Board
- Patch Advisory Council
- Rural Development Incorporated Board of Directors
- Safe Schools Smart Schools (Greenfield)
- ServiceNet Stabilization Team
- Three County Continuum of Care (Housing)
- Western Massachusetts Association for the Education of Young Children
- Western Massachusetts Health Access Network
- Western Massachusetts Out-of-School-Time Coalition
- Western Massachusetts WIC Community Coordinators
- Women in Development of Western Massachusetts
- Youth Services Roundtable

Statewide Groups

- Advocates for Gay and Lesbian Youth Network
- Blue Cross/Blue Shield of Massachusetts Foundation, Community Health Leadership Advocacy Group
- Health Care for All
 - ◆ Oral Health Advocacy Taskforce
- Investing in Children
- Massachusetts Association of Day Care Agencies
 - ◆ Family Child Care Affiliates

- Massachusetts Coalition for the Homeless
 - ◆ Western Massachusetts Task Force
- Massachusetts Association for Community Action (MassCAP)
 - ◆ MassCAP Information Technology Committee
 - ◆ FCAC's Executive Director is the President of MassCAP.
- Massachusetts Community Health Worker (MACHW) Network
- Massachusetts Council on Family Mediation
- Massachusetts Directors/Parents Head Start Association
- Massachusetts Education Coordinators Association
- Massachusetts Health Tech Forum
- Massachusetts Network of Child Care Resource & Referral Agencies
 - ◆ Voucher Task Force
- Massachusetts WIC Community Coordinators

National Groups

- Association of Fundraising Professionals
- National Association of Child Care Resource & Referral Agencies
- National Association for the Education of Young Children
- National Association of Social Workers
- National Association for Community Mediation
- National Community Action Foundation
- National Community Action Partnership
- National Head Start Association

Model Planning Documents

Community Action Agency of
Somerville, Inc. (CAAS)

CAAS Vision Statement

The Community Action Agency of Somerville will be a community-based organization that participates in metropolitan, state, regional, and federal networks. A clearly defined mission will keep the organization focused. CAAS will work in thoughtful, effective, persistent, compassionate, and innovative ways, achieving desirable outcomes both through its own program efforts and through collaborative work in the community. In the next few years, the CAAS Board of Directors will continue to encourage the agency to become more visible in the community at large.

CAAS will offer high quality programs to low-income and low-to-moderate income communities in Somerville. It will work with families and individuals below the federally defined poverty level, as well as those who are above it but who have not yet achieved stability. CAAS's programs will motivate and support individuals, families, and communities that are making progress toward achieving self-sufficiency.

CAAS will maintain a board and staff that are competent, flexible, and reflective of the demographics of Somerville's low-income community. The agency will offer professional development opportunities, placing a priority on assisting staff in obtaining newly required certifications. The agency will also encourage communication and cooperation among staff both at work and outside the workplace. The Board will stay aware of staff needs and work to ensure that staff compensation continues to increase and improve.

CAAS will respond to changing community needs. Specific Head Start initiatives in the next few years may include securing additional employment opportunities for parents, building their skills through volunteer work and training, adding adult reading and writing classes to existing ESOL instruction, and forming partnerships with community colleges to augment the educational credentials and qualifications of Head Start staff.

The Board wants to see the Advocacy component continue to thrive, especially in the areas of eviction prevention, benefits advocacy, employment, and self-sufficiency. The agency will be open to expanding existing programs and to adding a third major component if opportunities arise, believing that thoughtful, controlled growth within the framework of the CAAS mission statement will increase agency stability, energy, diversity, and effectiveness.

Members of the CAAS board and staff will work to influence policies and practices at local, state, and national levels that affect low-income people in areas such as affordable housing, immigrant rights, and community health. They will strive to increase the funding, staff, and other resources CAAS has available to pursue its two-part mission: helping people achieve self-sufficiency and eliminating the societal causes of poverty.

Community Action Agency of Somerville (CAAS)

COMMUNITY SURVEY 2005

The Community Action Agency of Somerville (CAAS) strives to reduce poverty in Somerville. CAAS helps low-income people become economically secure while working to eliminate the societal conditions that cause poverty.

WE NEED YOUR HELP. Every three years, we ask people who live and work in Somerville to help develop a plan for serving the community better. Hearing from you helps us create programs and raise money to do things that are important to the Somerville community. Thank you for taking the time to complete this survey!

Directions for Part I. Which are the most important areas CAAS could work in to help people in Somerville get out of poverty?

Please pick your top **three** and number 1-3. (1 is highest, 3 is lowest).
Leave the rest blank.

| | Ranking (1-3) |
|-----------------------|------------------|
| EMPLOYMENT | |
| FINANCES | |
| COMMUNITY DEVELOPMENT | |
| CIVIC PARTICIPATION | |
| RESOURCES | |
| SUPPORT FOR FAMILIES | |

Directions for Part II. Which are the most important steps that would help people in Somerville to get out of poverty?

Please pick your top **five** and number 1-5. (1 is highest, 5 is lowest).
Leave the rest blank.

| | Ranking (1-5) |
|--|------------------|
| EMPLOYMENT | |
| Refer workers to jobs that are available | |
| Provide skills training for specific kinds of work | |
| Teach more adults to read and write | |
| Arrange child care, transportation, and other services that help adults go to work | |

| | |
|--|--|
| FINANCES | |
| Organize tenants to negotiate with landlords | |
| Support tenants at risk of eviction as they go through the court process | |
| Assist people to get benefits for which they are eligible, including Earned Income Tax Credits | |
| Hold classes on budgeting, saving, using banks and credit | |
| Help people make savings plans and get matching funds for their savings | |
| | |
| COMMUNITY DEVELOPMENT | |
| Provide neighborhood centers and recreational programs in Somerville's low-income neighborhoods | |
| Encourage housing developers (businesses and nonprofits) to include truly affordable units in their developments | |
| Promote new business opportunities in Somerville's low-income neighborhoods | |
| | |
| CIVIC PARTICIPATION | |
| Increase number of low-income people and immigrants making decisions in government and community organizations | |
| Act against discrimination in employment, housing, and education | |
| Respond swiftly to hate crimes and incidents in the community | |
| Speak up for state and federal policies that help low-income people improve their quality of life | |
| | |
| RESOURCES | |
| Bring in more money from federal and state government, foundations, and donors | |
| Recruit volunteers from the community to help anti-poverty efforts | |
| | |
| SUPPORT FOR FAMILIES | |
| Provide emergency assistance to families and individuals in need | |
| Ensure that children receive immunizations, medical & dental care, and nutrition services | |
| Help pre-school children develop skills that will prepare them for school. | |
| Help parents improve their parenting and communication skills. | |

What else should CAAS work on in Somerville?

Part III. Background information

Please tell us about yourself and your family. All information you give is confidential. No one survey will be looked at individually, and no information that can identify you or anyone else is requested.

Have you answered these questions as a Somerville resident, someone employed here, or both?

☐ resident ☐ employed here ☐ both

How familiar are you with CAAS?

☐ very familiar ☐ somewhat familiar ☐ not very familiar ☐ not at all familiar

Your zip code? ☐ 02143 ☐ 02144 ☐ 02145 ☐ Other

Your age? ☐ under 18 ☐ 18-34 ☐ 35-64 ☐ 65 and older

Are you female or male? ☐ female ☐ male

How many years of school have you completed (either in the U.S. or abroad)? _____

Are you a person with a disability? ☐ Yes ☐ No

How many people live in your household? _____

Do any children under 5 years of age live in your household? ☐ Yes ☐ No

Do you own your home, or do you rent? ☐ Own ☐ Rent

What is your race? ☐ White ☐ Black ☐ Latino/Hispanic ☐ Asian
☐ Native American ☐ Other (please specify): _____

What is your first or main language? ☐ English ☐ Haitian Kreyol ☐ Portuguese
☐ Spanish ☐ Other (please specify): _____

Do you participate in any of the following programs?

| | | | |
|----------------|--|--------------------|--|
| Food Stamps | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fuel Assistance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Head Start | <input type="checkbox"/> Yes <input type="checkbox"/> No | Public Housing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SSDI | <input type="checkbox"/> Yes <input type="checkbox"/> No | Subsidized Housing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TAFDC | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mass Health | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Network Health | <input type="checkbox"/> Yes <input type="checkbox"/> No | Free Care | <input type="checkbox"/> Yes <input type="checkbox"/> No |

THANK YOU FOR ANSWERING THESE QUESTIONS!

Community Action Agency of Somerville, 66-70 Union Square, Somerville, MA 02143, (617) 623-7370

Community Action Agency of Somerville, Inc.
Staff Satisfaction Survey 2004

Listed below are a series of statements about working at CAAS. Please mark the column that best represents your response to each statement. Your response will remain anonymous. Planning Director Dennis Fischman will add up all the responses and share the results with all staff for discussion at a later date.

A. Please tell us about your work:

| | | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|---|----------------|-------|----------|-------------------|
| 1 | I like my work | | | | |
| 2 | My job makes good use of my skills, talents, and abilities | | | | |
| 3 | My work gives me a feeling of personal accomplishment | | | | |
| 4 | I feel encouraged to come up with new and better ways of doing things | | | | |
| 6 | My job challenges me in positive ways | | | | |
| 7 | I can see the connection between my work and improvements in the lives of our clients | | | | |
| 8 | I care a great deal about the quality of the work I do | | | | |

Comments:

B. Please tell us about the communication and direction you receive:

| | | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|---|----------------|-------|----------|-------------------|
| 1 | I have enough information to do my job well | | | | |
| 2 | When I have more than I can handle, I know what my priorities are | | | | |
| 3 | I'm satisfied with the amount of | | | | |

| | | | | | |
|---|---|--|--|--|--|
| | information I receive about what's going on at CAAS | | | | |
| 4 | I have a clear understanding of what we are trying to accomplish as an agency | | | | |
| 5 | What I, myself, am supposed to accomplish through my work is clear to me | | | | |
| 6 | Performance evaluations are conducted often enough | | | | |

Comments:

C. Please tell us about cooperation within your program and with other programs:

| | | Strongly Agree | Agree | Disagree | Strongly Disagree | Don't know |
|---|---|----------------|-------|----------|-------------------|------------|
| 1 | The people I work with cooperate to get the job done | | | | | |
| 2 | When I need it, I can get help from other staff with whom I don't usually work | | | | | |
| 3 | Other programs and components keep us well-informed about the things that affect us | | | | | |
| 4 | I feel confident putting people I work with in touch with other CAAS staff | | | | | |
| 5 | I understand the roles and responsibilities of the other CAAS components | | | | | |
| 6 | It's easier for me to just get the job done myself than to ask others to help me | | | | | |
| 7 | Staff morale is satisfactory | | | | | |
| 8 | There are a sufficient number of agency-wide staff meetings | | | | | |

Comments:

D. Please tell us about the organization of your work:

| | | Strongly Agree | Agree | Disagree | Strongly Disagree | Don't know |
|----|---|----------------|-------|----------|-------------------|------------|
| 1 | There are enough people in my component to get the work done | | | | | |
| 2 | I am satisfied with my involvement in decisions that affect my work | | | | | |
| 3 | The physical working conditions are satisfactory | | | | | |
| 4 | I received an adequate orientation when I began my present job | | | | | |
| 5 | I have receive adequate training to do my present job | | | | | |
| 6 | I have received a written job description | | | | | |
| 7 | It is clear to me when I should act on my own and when I should obtain approval | | | | | |
| 8 | I am able to work efficiently, without unnecessary paperwork, meetings, etc. | | | | | |
| 9 | I have input in the development of long-range plans | | | | | |
| 10 | I have input into the development of new programs and practices that affect my work | | | | | |

Comments:

E. Please tell us about your supervisor:

| | | Strongly Agree | Agree | Disagree | Strongly Disagree | Don't know |
|---|--|----------------|-------|----------|-------------------|------------|
| 1 | My supervisor answers work-related question quickly and accurately | | | | | |

| | | | | | | |
|---|--|--|--|--|--|--|
| 2 | My supervisor gives me the guidance I need to do a better job | | | | | |
| 3 | My supervisor is good at organizing and scheduling work | | | | | |
| 4 | I am comfortable talking with my supervisor about my performance | | | | | |
| 6 | I regularly get feedback from my supervisor about my performance | | | | | |
| 7 | My supervisor gives me more positive feedback than negative | | | | | |
| 8 | My supervisor asks for suggestions to improve the program and services | | | | | |

Comments:

F. Please tell us about CAAS's overall management:

| | | Strongly Agree | Agree | Disagree | Strongly Disagree | Don't know |
|---|---|----------------|-------|----------|-------------------|------------|
| 1 | Employees are treated fairly at CAAS | | | | | |
| 2 | If I do my job well, I will continue to have a job at CAAS | | | | | |
| 3 | The relationship between management and the union is satisfactory | | | | | |
| 4 | I am confident that CAAS can continue to receive adequate funding | | | | | |
| 5 | Relationships between management and funding sources are satisfactory | | | | | |

Comments:

G. Please tell us about your pay and opportunities for advancement:

| | | Strongly Agree | Agree | Disagree | Strongly Disagree | Don't know |
|---|--|----------------|-------|----------|-------------------|------------|
| 1 | Taking into account my duties and responsibilities, I am paid fairly | | | | | |
| 2 | My pay compares favorably with what others get for similar work in other nonprofit organizations | | | | | |
| 3 | There are opportunities for me to advance at CAAS | | | | | |
| 4 | If I do a good job, I know I will be considered for related job opportunities | | | | | |
| 5 | Compensation practices at CAAS are fair and equitable | | | | | |
| 6 | Expectations for commitment to CAAS are reasonable | | | | | |
| 7 | Expectations for hours of work are reasonable | | | | | |

Comments:

H. And finally, a few miscellaneous questions:

| | | Strongly Agree | Agree | Disagree | Strongly Disagree | Don't know |
|---|---|----------------|-------|----------|-------------------|------------|
| 1 | I am involved in the Somerville Community outside of my work with CAAS | | | | | |
| 2 | The diversity work that CAAS has done has helped to make CAAS a better agency | | | | | |
| 3 | CAAS keeps computer, phone, and copying systems up to date | | | | | |

| | | | | | | |
|----|---|--|--|--|--|--|
| 4 | I understand the roles and responsibilities of the CAAS Board of Directors | | | | | |
| 5 | I understand the roles and responsibilities of the CAAS Head Start Policy Council | | | | | |
| 6 | Fun days, picnics, and parties are good for staff morale | | | | | |
| 7 | I would attend potluck lunches and discussions at CAAS | | | | | |
| 8 | People who live and work in Somerville respect CAAS | | | | | |
| 9 | CAAS clients are satisfied with their interactions with agency staff | | | | | |
| 10 | I believe that some changes may occur based on the results of this survey | | | | | |

I. Please share any additional comments you would like to make.